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TO: Nursing Homes

NH 01

FROM: Cris Ros-Dukler, Director
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Revisions to HFS 132, Wisconsin Adm. Code, effective November 1, 2004

On November 1, 2004, changes to HFS 132, Wisconsin Administrative Code, went into effect. These changes, developed by members of the nursing home associations, nursing home administrators, and representatives from the Board of Aging and Long Term Care and the Bureau of Quality Assurance (BQA), represent the first substantial changes to chapter HFS 132 in more than ten years.

A current copy of chapter HFS 132 can be obtained on the Internet at:
www.legis.state.wi.us/rsb/code/hfs/hfs132.pdf.

This memo highlights the major changes that were made to chapter HFS 132.

1. HFS 132.31(1)(k) was amended concerning the use of physical and chemical restraints. Instead of solely requiring the order of a physician, restraints may be used only when required to treat the resident's medical symptoms. This mirrors the federal requirement found at 42 CFR 483.13(a) [F221].
2. HFS 132.45(4)(g)2 was amended to allow the use of electronic signatures, provided the electronic representation is used only by the person who makes the entry, and provided the facility possesses a signed statement from that person certifying that s/he is the only person using that electronic signature.
3. A new section, HFS 132.46 Quality assurance and assessment, was added to chapter HFS 132. These regulations require all nursing homes to have a Quality Assurance and Assessment Committee comprised of the Director of Nurses, the medical director or a designated physician, and at least three other members of facility staff. This committee must meet at least quarterly to identify, develop, and implement appropriate plans of action to correct any identified quality deficiencies within the facility. Facilities are not required to disclose the notes of this committee to BQA except to determine compliance with this section. These requirements mirror the federal nursing home regulations found at 42 CFR 483.75(o) [F520 – F522].

The development of these regulations prompted the deletion of the regulations previously found at HFS 132.65(3)(a) concerning the Pharmaceutical Services Committee.

4. HFS 132.42(3)(a), concerning physical health certifications for new employees, and HFS 132.52(2)(c), concerning physical health certifications of new residents, were amended to permit physician assistants and advanced practice nurse prescribers to screen the individuals for apparent clinical diseases. HFS 132.60(5)(a)1 and 2, concerning medication, treatment, and rehabilitative therapy orders, was amended to clarify the process for oral and written orders issued by authorized prescribers.
5. A new subdivision, HFS 132.60(1)(c)5, was added concerning pain management. This codified the expectations for pain management based on accepted professional standards of practice. Nursing homes are required to:
 - assess and treat each resident suspected of or experiencing pain so that they may be as pain free as possible;
 - conduct an initial pain assessment and conduct regular and periodic reassessments of pain;
 - evaluate the effectiveness of the measures being taken to relieve pain; and
 - consider and implement, as appropriate, nonpharmacological interventions to control pain.
6. HFS 132.83(4) was amended. Facilities whose medical records are solely electronically based must have emergency back-up power for the facility's electronic record system.
7. HFS 132.83(7)(a)2 was amended. Instead of 110°, hot water temperature at fixtures used by residents may be in the range of 110 – 115°.
8. HFS 132.84(3) was amended. While each resident living area is required to have a staff work station, the requirement for a nurse station that is centrally located within the living area has been deleted.

We have attached a complete copy of the changes that were made to HFS 132, Wisconsin Administrative Code.

If you have questions, please contact the Regional Field Operations Director whose region serves your nursing home.

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Attachment – BQA Memo 05-001

Changes to HFS 132, Wisconsin Administrative Rules Nursing Homes, effective November 1, 2004

SECTION 1. HFS 132.13 (1) is repealed and recreated to read:

HFS 132.13 (1) “Abuse” has the meaning specified under s. HFS 13.03 (1).

SECTION 2. HFS 132.13 (1m) is created to read:

HFS 132.13 (1m) “Advanced practice nurse prescriber” means a person who has been granted a certificate to issue prescription orders under s. 441.16 (2), Stats.

SECTION 3. HFS 132.13 (2) is amended to read:

HFS 132.13 (2) “Ambulatory” means able to walk ~~without~~ independently or with limited assistance from a person or equipment, such as a walker or cane.

SECTION 4. HFS 132.13 (2m) is created to read:

HFS 132.13 (2m) “Authorized prescriber” means a person licensed in this state to prescribe medications, treatments or rehabilitative therapies, or licensed in another state and recognized by this state as a person authorized to prescribe medications, treatments or rehabilitative therapies.

SECTION 5. HFS 132.13 (5) is amended to read:

HFS 132.13 (5) “Dietitian” means a person who ~~either~~ is any of the following:

(a) ~~Is eligible for registration as a dietitian by the commission on dietetic registration of the American dietetic association under its requirements in effect on January 17, 1982; or~~ Certified under s. 448.78, Stats.

(b) ~~Has a baccalaureate degree with major studies in food and nutrition, dietetics, or food service management, and has one year of supervisory experience in the dietetic service of a health care institution~~ Licensed or certified as a dietitian in another state.

SECTION 6. HFS 132.13 (8r) and (13m) are created to read:

HFS 132.13 (8r) “Intensive skilled nursing care” means care requiring specialized nursing assessment skills and the performance of specific services and procedures that are complex because of the resident’s condition or the type or number of procedures that are necessary, including any of the following:

(a) Direct patient observation or monitoring or performance of complex nursing procedures by registered nurses or licensed practical nurses on a continuing basis.

(b) Repeated application of complex nursing procedures or services every 24 hours.

(c) Frequent monitoring and documentation of the resident’s condition and response to therapeutic measures.

(13m) "Neglect" has the meaning specified under s. HFS 13.03 (14.)

SECTION 7. HFS 132.31 (1) (k) is amended to read:

HFS 132.31 (1) (k) *Abuse and restraints.* 1. Be free from mental and physical abuse, and be free from chemical and physical restraints except when required to treat the resident's medical symptoms and as authorized in writing by a physician for a specified and limited period of time and documented in the resident's medical record.

2. Notwithstanding the limitation in subd. 1. for using restraints only to treat a resident's medical symptoms, Physical physical restraints may be used in an emergency when necessary to protect the resident or another person from injury or to prevent physical harm to the resident or another person resulting from the destruction of property, provided that written authorization for continued use of the physical restraints is obtained from the physician within 12 hours. Any use of physical restraints shall be noted in the resident's medical record. "Physical In this paragraph, "physical restraint" means any manual method, article, device or garment used primarily to modify resident behavior by interfering with the free movement of the resident or normal functioning of a portion of the body, and which the resident is unable to remove easily, or confinement in a locked room, but does not include a mechanical support as defined under s. HFS 132.60 (6) (a) 2.

SECTION 8. HFS 132.32 (1) (b) is amended to read:

HFS 132.32 (1) (b) Any employee, agent, or designated representative of a community legal services program or community service organization who meets the requirements of sub. (2) shall be permitted access to any facility whenever visitors are permitted by the written visitation policy referred to in s. HFS 132.31 (1) (a) 3., but not before 8:00 a.m., ~~nor~~ or after 9:00 p.m.

SECTION 9. HFS 132.42 (3) and (4) are amended to read:

HFS 132.42 (3) PHYSICAL HEALTH CERTIFICATIONS. (a) *New employees.* Every employee shall be certified in writing by a physician, ~~or physician extender~~ physician assistant or an advanced practice nurse prescriber as having been screened ~~prior to employment, for evidence of infectious disease for the presence of clinically apparent communicable disease that could be transmitted to residents during the normal performance of the employee's duties.~~ This certification shall include screening for tuberculosis within 90 days prior to employment.

(b) *Continuing employees.* Employees shall be ~~retested for tuberculosis infection based on the prevalence of tuberculosis in the community and the likelihood of exposure to tuberculosis in the facility~~ rescreened for clinically apparent communicable disease as described in par. (a) based on the likelihood of exposure to a communicable disease, including tuberculosis. Exposure to a communicable disease may be in the facility, in the community or as a result of travel or other exposure.

(c) *Non-employees.* Persons who reside in the facility but are not residents or employees, such as relatives of the facility's owners, shall ~~obtain physician certifications~~ be certified in writing as required of ~~employees in pars. (a) and (b).~~

(4) DISEASE SURVEILLANCE AND CONTROL. When an employee or prospective employee has a ~~contagious infection,~~ communicable disease that may result in the transmission of the communicable disease, he or she may not perform employment duties in the ~~nursing home~~ facility until

the ~~nursing home~~ facility makes safe accommodations to prevent the ~~infection's spread~~ transmission of the communicable disease.

Note: The Americans with Disabilities Act and Rehabilitation Act of 1973 prohibits the termination or non-hiring of an employee based solely on an employee having an infectious disease, illness or condition.

SECTION 10. HFS 132.44 (1) (c) is renumbered HFS 132.44 (1) (b).

SECTION 11. HFS 132.45 (3) is repealed and recreated to read:

HFS 132.45 (3) MEDICAL RECORDS – STAFF. Duties related to medical records shall be completed in a timely manner.

SECTION 12. HFS 132.45 (4) (g) 2. is amended to read:

HFS 132.45 (4) (g) 2. A rubber stamp reproduction or electronic representation of a person's signature may be used instead of a handwritten signature, if:

a. The stamp or electronic representation is used only by the person ~~whose signature the stamp replicates~~ who makes the entry; and

b. The facility possesses a statement signed by the person, certifying that only that person shall possess and use the stamp or electronic representation.

SECTION 13. HFS 132.45 (5) (d) is repealed and recreated to read:

HFS 132.45 (5) (d) *Social service records*. Notes regarding pertinent social data and action taken.

SECTION 14. HFS 132.45 (5) (e) is amended to read:

HFS 132.45 (5) (e) *Activities records*. Documentation of activities programming, ~~a history and assessment as required by s. HFS 132.52 (6)~~, a summary of attendance, and quarterly progress notes.

SECTION 15. HFS 132.45 (5) (g) is repealed.

SECTION 16. HFS 132.46 is created to read:

HFS 132.46 Quality assessment and assurance. (1) COMMITTEE MAINTENANCE AND COMPOSITION. A facility shall maintain a quality assessment and assurance committee for the purpose of identifying and addressing quality of care issues. The committee shall be comprised of at least all of the following individuals:

- (a) The director of nursing services.
- (b) The medical director or a physician designated by the facility.
- (c) At least 3 other members of the facility's staff.

(2) COMMITTEE RESPONSIBILITIES. The quality assessment and assurance committee shall do all of the following:

(a) Meet at least quarterly to identify quality of care issues with respect to which quality assessment and assurance activities are necessary.

(b) Identify, develop and implement appropriate plans of action to correct identified quality deficiencies.

(3) CONFIDENTIALITY. The department may not require disclosure of the records of the quality assessment and assurance committee except to determine compliance with the requirements of this section. This paragraph does not apply to any record otherwise specified in this chapter or s. 50.04 (3), 50.07 (1) (c) or 146.82 (2) (a) 5., Stats.

SECTION 17. HFS 132.51 (2) (b) is repealed and recreated to read:

HFS 132.51 (2) (b) *Communicable diseases*. 1. 'Communicable disease management.' The nursing home shall have the ability to appropriately manage persons with communicable disease the nursing home admits or retains based on currently recognized standards of practice.

2. 'Reportable diseases.' Facilities shall report suspected communicable diseases that are reportable under ch. HFS 145 to the local public health officer or to the department's bureau of communicable disease.

SECTION 18. HFS 132.51 (2) (c) is amended to read:

HFS 132.51 (2) (c) ~~Destructive~~ *Abusive or destructive residents*. 1. Notwithstanding s. HFS 132.13 (1), in this paragraph, "abusive" describes a resident whose behavior involves any single or repeated act of force, violence, harassment, deprivation or mental pressure which does or reasonably could cause physical pain or injury to another resident, or mental anguish or fear in another resident.

2. Residents who are known to be destructive of property, self-destructive, disturbing or abusive to other residents, or suicidal, shall not be admitted or retained, unless the facility has and uses sufficient resources to appropriately manage and care for them.

SECTION 19. HFS 132.52 (2) (c) and (4) are amended to read:

HFS 132.52 (2) (c) Receipt of certification in writing from a physician, ~~or physician extender~~ physician assistant or advanced practice nurse prescriber that the person is free of airborne or other individual has been screened for the presence of clinically apparent communicable disease that could be transmitted to other residents or employees, or an order for procedures to treat and limit the spread of any communicable disease the person including screening for tuberculosis within 90 days prior to admission, or a physician, physician assistant or advanced practice nurse prescriber has ordered procedures to treat and limit the spread of any communicable diseases the individual may be found to have.

(4) INITIAL CARE PLAN. Upon admission, a plan of care for nursing services based on an initial assessment shall be prepared and implemented, pending development of the plan of care required by s. HFS 132.60 (8).

SECTION 20. HFS 132.52 (5) and (6) are repealed.

SECTION 21. HFS 132.60 (1) (c) 5. is created to read:

HFS 132.60 (1) (c) 5. The nursing home shall provide appropriate assessment and treatment of pain for each resident suspected of or experiencing pain based on accepted standards of practice that includes all of the following:

a. An initial assessment of pain intensity that shall include: the resident's self-report of pain, unless the resident is unable to communicate; quality and characteristics of the pain, including the onset, duration and location of pain; what measures increase or decrease the pain; the resident's pain relief goal; and the effect of the pain on the resident's daily life and functioning.

b. Regular and periodic reassessment of the pain after the initial assessment, including quarterly reviews, whenever the resident's medical condition changes, and at any time pain is suspected, including prompt reassessment when a change in pain is self-reported, suspected or observed.

c. The delivery and evaluation of pain treatment interventions to assist the resident to be as free of pain as possible.

d. Consideration and implementation, as appropriate, of nonpharmacological interventions to control pain.

SECTION 21. HFS 132.60 (5) (a) 1. and 2. are amended to read:

HFS 132.60 (5) (a) 1. 'Restriction.' Medications, treatments and rehabilitative therapies shall be administered as ordered by ~~a physician or dentist~~ an authorized prescriber subject to the resident's right to refuse them. No medication, treatment or changes in medication or treatment may be administered to a resident without ~~a physician's or dentist's~~ an authorized prescriber's written order, which shall be filed in the resident's clinical record, ~~except as provided in subd. 2.~~

2. 'Oral orders.' ~~Oral orders from physicians or dentists may be accepted by a nurse or pharmacist, or, in the case of oral orders for rehabilitative therapy, by a therapist.~~ Oral orders shall be immediately written, signed and dated by the nurse, pharmacist or therapist on ~~a physician's or dentist's~~ the prescriber's order sheet, and shall be countersigned by the ~~physician or dentist~~ prescriber and filed in the resident's clinical record within 10 days of the order.

SECTION 23. HFS 132.60 (5) (a) 3. and (c) are repealed.

SECTION 24. HFS 132.60 (5) (d) 2. and (6) (b) are amended to read:

HFS 132.60 (5) (d) 2. 'Responsibility for administration.' Policies and procedures designed to provide safe and accurate acquisition, receipt, dispensing and administration of medications shall be developed by the facility and shall be followed by personnel assigned to prepare and administer medications and to record their administration. The same person shall prepare, administer, and immediately record in the resident's clinical record the administration of medications, except when a single unit dose package distribution system is used.

(6) (b) *Orders required.* Physical or chemical restraints shall be applied or administered only on the written order of a physician which shall indicate the resident's name, the reason for restraint, and the period during which the restraint is to be applied. The use of restraints shall be consistent with the provisions under s. HFS 132.31 (1) (k).

SECTION 25. HFS 132.62 (2) (a) 1. is amended to read:

HFS 132.62 (2) (a) 1. 'Staffing requirement.' Every skilled care facility and every intermediate care facility shall employ a full-time director of nursing services who may also serve as a charge nurse in accordance with par. (b). ~~The director of nursing services shall work only on the day shift except as required for the proper supervision of nursing personnel.~~

SECTION 26. HFS 132.62 (3) (a) is repealed and recreated to read:

HFS 132.62 (3) (a) *Total staffing*. Each nursing home, other than nursing homes that primarily serve people with developmental disabilities, shall provide at least the following hours of service by registered nurses, licensed practical nurses or nurse's assistants:

1. For each resident in need of intensive skilled nursing care, 3.25 hours per day, of which a minimum of 0.65 hour shall be provided by a registered nurse or licensed practical nurse.
2. For each resident in need of skilled nursing care, 2.5 hours per day, of which a minimum of 0.5 hour shall be provided by a registered nurse or licensed practical nurse.
3. For each resident in need of intermediate or limited nursing care, 2.0 hours per day, of which a minimum of 0.4 hour shall be provided by a registered nurse or licensed practical nurse.

SECTION 27. HFS 132.63 (1) is amended to read:

HFS 132.63 (1) DIETARY SERVICE. The facility shall provide ~~a dietary service or contract for a dietary service which meets the requirements of this section~~ each resident a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.

SECTION 28. HFS 132.63 (2) is repealed and recreated to read:

HFS 132.63 (2) STAFF. (a) *Dietitian*. The nursing home shall employ or retain on a consultant basis a dietitian to plan, direct and ensure implementation of dietary service functions.

(b) *Director of food services*. 1. The nursing home shall designate a person to serve as the director of food services. A qualified director of food services is a person responsible for implementation of dietary service functions in the nursing home and who meets any of the following requirements:

- a. Is a dietitian.
 - b. Has completed at least a course of study in food service management approved by the dietary managers association or an equivalent program.
 - c. Holds an associate degree as a dietetic technician from a program approved by the American dietetics association.
2. If the director of food services is not a dietitian, the director of food services shall consult with a qualified dietitian on a frequent and regularly scheduled basis.

(c) *Staffing*. The nursing home shall employ a sufficient number of dietary personnel competent to carry out the functions of the dietary service.

SECTION 29. HFS 132.63 (6) (c) and (7) (a) 4. are repealed.

SECTION 30. HFS 132.65 (2) is amended to read:

HFS 132.65 (2) SERVICES. (a) Each facility shall provide for obtaining medications for the residents directly from licensed pharmacies.

(b) The facility shall establish, maintain, and implement such policies and procedures as are necessary to comply with this section and assure that resident needs are met.

SECTION 31. HFS 132.65 (3) (a) is repealed.

SECTION 32. HFS 132.65 (3) (b) 1. and 2. are renumbered (a) and (b) amended to read:

HFS 132.65 (3) (a) ~~Medication~~ SNF medication consultant. Each skilled nursing facility shall retain a registered pharmacist who shall visit the facility at least monthly to review the drug regimen of each resident and medication practices. The pharmacist shall submit a written report of findings at least quarterly to the facility's ~~pharmaceutical services committee~~ quality assessment and assurance committee.

(b) ICF medication consultant. Each intermediate care facility shall retain a registered pharmacist who shall visit the facility at least monthly to review medication practices and the drug regimen of each resident and who shall notify the attending physician if changes are appropriate. The pharmacist shall submit a written report of findings at least quarterly to the facility's ~~pharmaceutical services committee~~ quality assessment and assurance committee.

SECTION 33. HFS 132.65 (5) (d) is amended to read:

HFS 132.65 (5) (d) *Committee authorization*. The ~~pharmaceutical services~~ quality assessment and assurance committee shall determine which medications and strengths of medications are to be stocked in the contingency storage unit and the procedures for use and re-stocking of the medications.

SECTION 34. HFS 132.65 (6) (c) 3. is repealed.

SECTION 35. HFS 132.66 (1) (d) is created to read:

HFS 132.66 (1) (d) *Physician's order*. No services under this subsection may be provided without the order of a physician, physician assistant or an advanced practice nurse prescriber.

SECTION 36. HFS 132.68 (3) and (4) are repealed and recreated to read:

HFS 132.68 (3) **ADMISSION HISTORY**. The facility shall prepare a social history of each resident.

(4) **CARE PLANNING**. (a) A social services component of the plan of care, including preparation for discharge, if appropriate, shall be developed and included in the plan of care required by s. HFS 132.60 (8) (a).

(b) Social services care and plans shall be evaluated in accordance with s. HFS 132.60 (8) (b).

SECTION 37. HFS 132.69 (2) (a) 1. a. is repealed:

SECTION 38. HFS 132.82 (1) to (5) and Table 132.82 are repealed and recreated to read:

HFS 132.82 Life safety code. (1) APPLICABILITY. Facilities shall meet the applicable provisions of the 2000 edition of the Life Safety Code.

Note: Copies of the 2000 Life Safety Code and related codes are on file in the Department's Bureau of Quality Assurance, the Revisor of Statutes' Bureau and the Secretary of State's Office, and may be obtained from the National Fire Protection Association, Batterymarch Park, Quincy, MA 02269.

(2) FIRE SAFETY EVALUATION SYSTEM. A proposed or existing facility not meeting all requirements of the applicable life safety code shall be considered in compliance if it achieves a passing score on the Fire Safety Evaluation System (FSES), developed by the United States department of commerce, national bureau of standards, to establish safety equivalencies under the life safety code.

SECTION 39. HFS 132.82 (6) is renumbered 132.82 (3).

SECTION 40. HFS 132.83 (4) is amended to read:

HFS 132.83 (4) EMERGENCY POWER. Emergency electrical service with an independent power source which covers lighting at nursing stations, telephone switchboards, exit and corridor lights, boiler room, and fire alarm systems, and medical records when solely electronically based, shall be provided. The service may be battery operated if effective for at least 4 hours.

SECTION 41. HFS 132.83 (5) (b), (c) and (d) are repealed.

SECTION 42. HFS 132.83 (7) (a) 2. is amended to read:

HFS 132.83 (7) (a) 2. An adequate supply of hot water shall be available at all times. The temperature of hot water at plumbing fixtures used by residents may not exceed ~~110° F. (43° C.) and shall be automatically regulated by control valves or by another approved device~~ the range of 110-115° F.

SECTION 43. HFS 132.84 (3) and (4) are repealed and recreated to read:

HFS 132.84 (3) STAFF WORK STATIONS AND OTHER REQUIRED FACILITIES. Each resident living area shall have all of the following:

(a) A staff work station whose location allows staff to provide services to all living areas, resident bedrooms and resident use spaces. The facility shall contain adequate storage space for records and charts and shall contain a desk or work counter for staff, a functional telephone for emergency calls and a resident communication system as required under sub. (4). Staff work stations shall be located to meet the needs of the resident population being served.

(b) Space for storage of linen, equipment and supplies, unless a central space for storage is provided.

(c) 1. Except as provided in subds. 2. and 3., a well-lit, secure medicine preparation, storage and handling room or area available to each staff work station with a work counter, refrigerator, sink with hot and cold running water, and a medicine storage cabinet with lock or space for drug carts. The room shall be mechanically ventilated.

2. In period A nursing homes, a well-lit medicine preparation, storage and handling area equipped with a sink and hot and cold running water may continue to be used. Mechanical ventilation is not required.

3. In period B nursing homes, cart storage space and mechanical ventilation within the medicine preparation room are not required.

(d) 1. Except as provided in subds. 2., 3. and 4., a soiled utility room central to each resident sleeping room wing or module that is equipped with a flush-rim siphon jet service sink, a facility for sanitizing bedpans, urinals, emesis basins, thermometers and related nursing care equipment, appropriate cabinet and counter space, and sink with hot and cold running water. The room shall be mechanically ventilated and under negative pressure.

2. Period A nursing homes shall have a utility room that shall be located, designed and equipped to provide areas for the separate handling of clean and soiled linen, equipment, and supplies.

3. Period B nursing homes shall have a ventilated utility room with a flush-rim service sink.

4. Central location of soiled utility rooms is not required in existing nursing homes.

(e) 1. Except as provided in subd. 2., a clean utility area or room central to each resident sleeping room wing or module that is equipped with a sink with hot and cold running water, counter, and cabinets for storage of clean utensils and equipment.

2. Period A and B nursing homes shall have a utility room located, designed and equipped to provide areas for the separate handling of clean and soiled linen, equipment and supplies.

(f) Period C nursing homes shall have staff toilet and hand-washing facilities separate from those used by residents.

(g) Period C nursing homes shall have a nourishment station with sink, hot and cold running water, refrigerator and storage for serving between-meal nourishment if a kitchen is not open at all times. Nourishment stations may serve more than one nursing area but not more than a single floor.

(4) RESIDENT AND STAFF COMMUNICATION. (a) Except as provided in pars. (b) and (c), the nursing home shall have a department-approved resident and staff communication system comprised of components listed by an independent testing laboratory to permit each resident to activate the call from resident rooms, toilet area, bathing areas, and activity areas. Nurse calls shall be visible from corridor or access aisles within each resident living area and an audible sounder shall annunciate upon failure of staff response. The communication signal emanating from the toilet, bath and shower areas shall be that of a distinctive emergency call. The activation device shall be reachable by the residents from each toilet, bath or shower location.

Note: Underwriter's Laboratory (UL) is an example of an independent testing laboratory.

(b) Nursing homes in existence [revisor to insert effective date] may continue using a nurse call system that registers calls from each resident bed, resident toilet room and each tub and shower area. In addition, in period B and C nursing homes, the resident staff signal may register in the corridor directly outside the room and at the staff work station.

(c) In all nursing homes in existence [revisor to insert effective date], the nursing home may retain use of non-source signal canceling equipment until any remodeling is undertaken within the smoke compartment where the equipment is located.

(d) Communication systems shall be functioning at all times.

SECTION 44. HFS 132.84 (6) (d) 12. is amended to read:

HFS 132.84 (6) (d) 12. 'Ceiling.' The ceiling shall be of plaster or equivalent material with smooth, light-colored, nonabsorbent, washable, ~~and seamless~~ surfaces.